

Job Aid: Completing your New Hire Benefit Event



Document Name: Completing Your New Hire Benefit Event		
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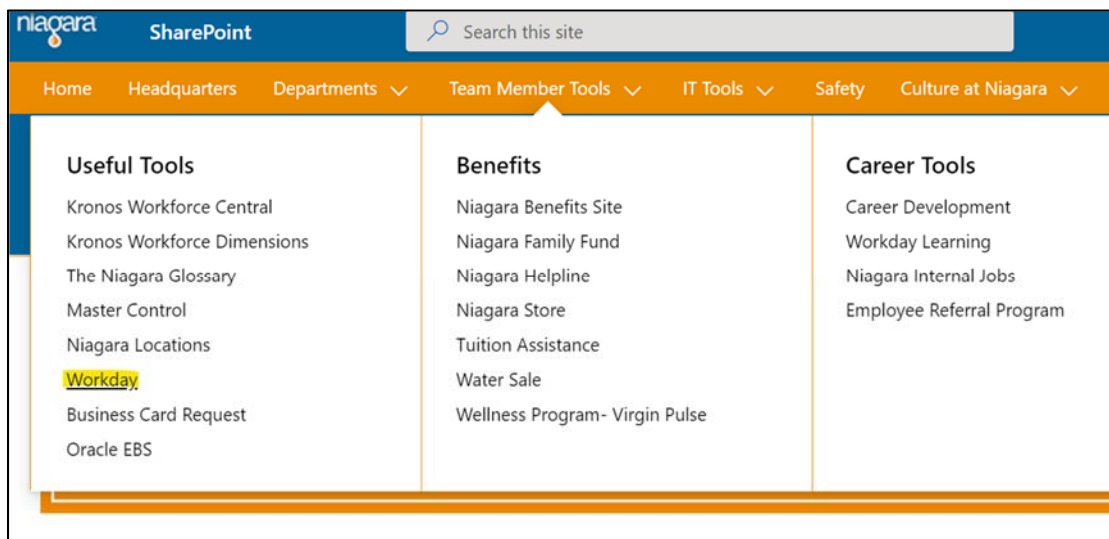
Overview

This job aid will walk you through the steps of completing your New Hire Benefit event in Workday.

Procedure

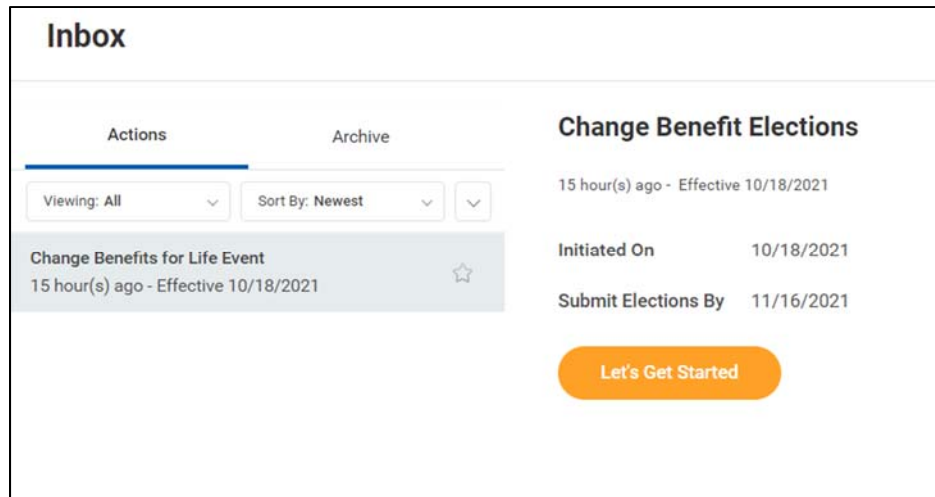
[PART 1]

1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash.

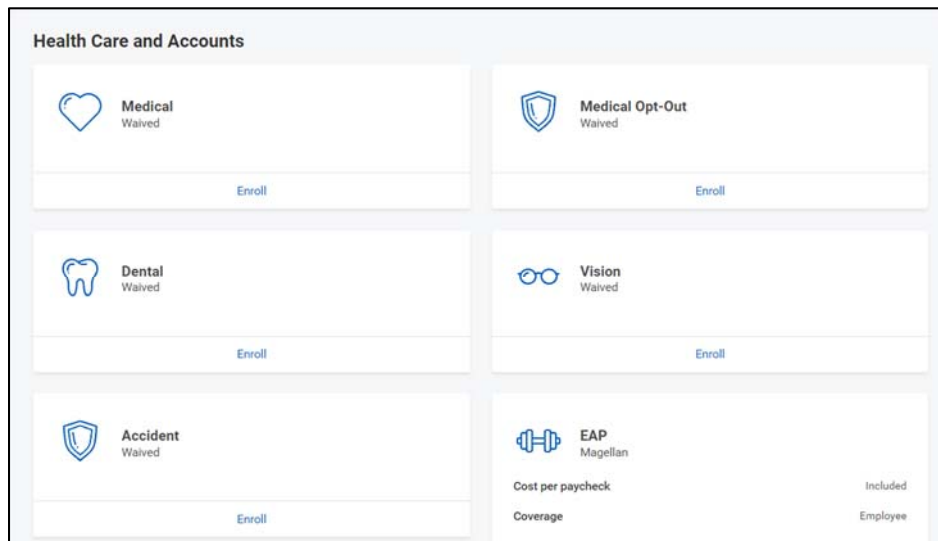


2. From the Workday home page click on the Inbox worklet located in the top ribbon then select your New Hire Benefit event.

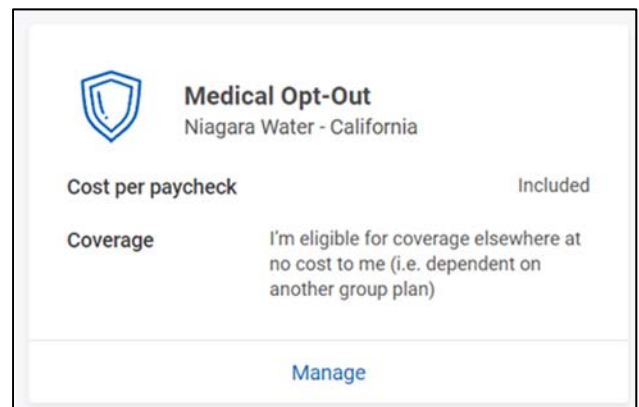




3. Click “Let’s Get Started” when you are ready to select your plans. From that screen you can start selecting your healthcare elections. Hover over and select the “Enroll” button on the medical, dental, vision or GAP coverage you wish to select.



- a. **IMPORTANT:** If you are **WAIVING** Niagara Medical, you must enroll in the **Medical Opt Out** plan and provide a reason. **If you do not pick a medical plan, you will receive an error message on the last page of the enrollment process that requires you to restart.**



- b. Once you elect your benefit plan, select the plan and click “Add New Dependent” to add your dependents to your plan.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee

Plan cost per paycheck

Add New Dependent
←

4. Then it will ask you an option to use the dependent you are adding to your plan as “Beneficiary.” Decide if the dependent will also be a Life Insurance beneficiary.

Add My Dependent From Enrollment ⋮

Use as Beneficiary

[Dependent Verification](#)

All new dependents must be verified for their relationship to you. Following your enrollment, you will be contacted by **One Source Virtual (OSV)** to provide proof of your dependent’s relationship to you. That may be in the form of a Birth Certificate/Adoption paperwork and/or a Marriage Certificate. You must complete Dependent Verification within 30 days of your new benefit election.

IMPORTANT:
If you do not submit **Dependent Verification** documents by the deadline, your dependent’s enrollment will be **canceled**.

General Instructions:

- Select the beneficiary box to add your dependent to the benefits coverage and as a Beneficiary for **Life Insurance** coverage.
- Click the “OK” button below to update dependent information on the following screen.

OK
Cancel

5. On the next screen fill in all of the required fields.
 - a. Make sure you add an address for your dependent. (you can either use your existing address or enter a new address information below)
 - b. Under National ID, enter your dependent’s SSN.

Add My Dependent From Enrollment ⋮

Name

Country * United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender * select one

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

National IDs
Click the Add button to enter one or more National Identifiers for this dependent.

Add

Address

Use Existing Address

Country * United States of America

Address Line 1

Address Line 2

City

State

Postal Code

County

Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Phone Number (909) 518-3713


Phone Extension

Email Address

6. Once you have entered your dependent's demographic data, select the OK button.
 - a. You will then be redirected to the dependents page. Go ahead and click on the dependents you would like to include in your plan. Your dependent(s) will be listed to each line of coverage (Medical, Dental, Vision) so you would simply have to select the dependent(s) from the list and hit "save" for each plan.

7. If you elected the **Aetna PPO HSA** medical plan, you have an option to select the annual or per paycheck amount that you want to contribute through Payflex and click the save button to complete.
 - a. If you want to opt out, select Waive.

When you elect HSA, changes to your contribution amount can be made at any time via Workday by following steps 2-6 and selecting "Health Savings Change."

 **HSA**
Waived

Enroll

Plans Available

Select a plan or Waive to opt out of HSA.

1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Payflex		

HSA - Payflex

Projected Total Cost Per Paycheck

Contribute

Your estimated contributions made this year

Per Paycheck

Annual Remaining Paychecks 4


Maximum Annual Amount:

Summary

Total Annual HSA Contribution \$0.00

[Save](#) [Cancel](#)


8. Your next options are **Flexible Spending Accounts** - Traditional FSA, Limited Purpose FSA or Dependent Care FSA.



Commuter FSA
Waived


[Enroll](#)

When you elect FSA, you are required to remain enrolled for the duration of the Plan Year unless you experience a change in status.



FSA Health
Waived

[Enroll](#)



Limited FSA
Waived

[Enroll](#)

9. The next page is in reference to your life and disability options. Select the Supplemental Life options you would like for yourself, spouse and child(ren).

- a. **NOTE:** If selecting Supplemental Life for your Spouse or Child(ren) it is recommended that you select yourself as a beneficiary. Add yourself in the prompt by clicking the plus sign below **“Primary Beneficiaries”** → **Add Beneficiaries** → **enter the percentage amount.**

Insurance

Supplemental Employee Life and AD&D
Hartford (Employee)

Cost per paycheck

Coverage

Manage

Supplemental Spouse Life and AD&D
Waived

Enroll

Supplemental Child Life and AD&D
Hartford (Child)

Cost per paycheck

Coverage

Manage

Long Term Disability
Waived

Enroll

10. If you elect Supplemental Life coverage, please designate your beneficiaries. If you elected your previous dependents to be your beneficiaries select Beneficiary Persons. If you would like to have another person(s) outside your previously listed dependents select Create. You will be prompted to determine whether each of your beneficiaries are Primary or Contingent benefactors.
- a. Note: if selecting multiple benefactors for one line of coverage the total benefit percentage must sum up to 100.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 0 items

+	Beneficiary	Percentage
	No Data	

Secondary Beneficiaries 0 items

+	Beneficiary	Percentage
	No Data	

Add New Beneficiary or Trust

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

+	Beneficiary	Percentage
-	<input type="text"/>	100

11. Next up, Electronic Distribution Consent, Legal Shield and Pet Assure.

- a. You must choose to **Elect** Electronic Distribution Consent, and then choose a Coverage. You can modify this choice anytime.

The screenshot shows two panels. The left panel, titled "Additional Benefits", features a shield icon and the heading "Electronic Document Consent" by Niagara. Under "Coverage", it states: "Yes, I authorize Niagara to send me important benefit information via email". A "Manage" button is at the bottom. The right panel, titled "Electronic Document Consent", shows "Projected Total Cost Per Paycheck" and "Plans Available". It prompts "You must select a plan." and lists "1 item". A table below has columns for "*Selection" and "Benefit Plan". The "Benefit Plan" column lists "Niagara". Under "*Selection", there are radio buttons for "Select" (which is selected) and "Waive".

- b. Select enroll for the Legal Shield or Pet Assure coverages you want, if not, simply **skip**. After this step, click "**Review and Sign**" button at the very bottom to review your new benefits one last time.

The screenshot shows two side-by-side enrollment cards. The left card is for "Legal Assistance" (scales icon) and is "Waived". The right card is for "Pet Discount Plan" (paw print icon) and is also "Waived". Both cards have an "Enroll" button at the bottom.

12. Review all elections and verify accuracy. Select the **Cancel** button at the bottom to correct any mistakes.

The screenshot shows a "View Summary" page. It includes "Projected Total Cost Per Paycheck" and a section titled "2020 Qualifying Event Rule Change" with detailed text about retroactive changes in coverage. Below that is a section titled "Evidence of Insurability" with text explaining that it may be required for life insurance elections.

13. If your elections are as you intend, scroll to the bottom of the page and review the Legal Acknowledgements. Select **I Accept**.

- a. Note: It is always recommended to print or save an electronic copy of your elections for future reference.


- b. Select the I Accept button
- c. At the bottom, select the **Submit**.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, **you may not change your benefit elections during the calendar year unless you experience a qualified change in status.**
- **Qualifying Event Rule Change** In July 2020, the US Department of Labor, Employee Benefits Security Administration (EBSA) lifted the 30 day reporting requirement for Qualifying Life Events (QLEs). The EBSA notice allows for team members to report **retroactive** changes in coverage on or after 3/1/2020 up to 90 days after the end of the National Emergency. Anyone experiencing a Qualifying Life Event (QLE) on or after 3/1/2020 **with proof of change in coverage** for themselves (the team member) or an eligible dependent may retroactively start coverage. Coverage is always effective on the first day of lost coverage. Team Members are responsible for any missed premium from the effective date of the QLE through the current payroll period. **All retroactive premiums are collected in one lump sum within 1-2 payroll periods of approval. This could result in one or more 50 paychecks.**
- You understand that you will not pay income tax or FICA tax on medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the Open Enrollment period, you will have the option to change certain coverage, whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within **30 days** after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within **30 days** after the marriage, birth or adoption.
- You understand and you attest that your Life and or Disability coverage has not previously been denied while employed at Niagara. Failure to notify your insurance provider of previous denial will be subject to termination of coverage.
- In accordance with HIPAA, you understand that if you enroll in a PPO plan, Niagara may disclose information to third parties in connection with plan administration, through executed enrollment forms, or in another manner which satisfies applicable law.
- You understand if you enroll in a Niagara medical plan, covered Team Members and covered spouses/domestic partners will be asked to voluntarily participate in the Hydrate Your Health Wellness program. **Failure to complete wellness activities by stated deadlines will result in additional payroll contributions** through the Wellness Surcharge, beginning in May.

Accept 

14. Print your Confirmation Statement and store a copy on your computer.

You've submitted your elections.

Thank you for completing your Benefit Elections.

Select **PRINT** and save a copy of your **Confirmation Statement** to your computer.

[View 2021 Benefits Statement](#)